

The Timothy School

Medication Administration Request and Consent

(Doctor Signature Required)



Required for ALL students receiving medication at school prescribed or ordered by a Licensed Prescriber

Special instructions for prescribers regarding orders for emergency medication such as epinephrine, Diastat/Klonopin, and "rescue" asthma inhalers: If you prescribe two doses of epinephrine for symptoms of anaphylaxis, please specify the time frame between doses. Only nursing staff may administer epinephrine that is not in the auto-injector form such as Epipen®/Epipen Jr®; therefore the second dose should also be in the form of an auto injector (Epipen®/Epipen Jr®) instead of the Twinjet® form.

Student Information		
Student's Name: _____	Date of Birth: _____	Age: _____

Medication Information		
Name of Medication: _____		
Dosage(mg/MI)/Route: _____	Time of Administration: _____	Frequency at School: _____
Start Date: _____	Discontinuation Date: _____	or completion of ESY <input type="checkbox"/>
Diagnosis for which this medication is prescribed: _____		
Specific Instructions Regarding Administration: _____		
Many of our students are not able to swallow pills. Can this medication be crushed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
List Any Possible Allergic Reactions: _____		

Licensed Prescriber Name (Printed)	Phone Number
Licensed Prescriber Signature	Date of Signature